

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR DOCUMENTS

Walla Walla District Office of Counsel

Please PRINT information below and Sign at the bottom. * Indicates Required Fields.				
First Name: *				
Last Name: *				
Company or Organization:				
Address 1: *				
Address 2:				
City: *				
State: *		ZIP Code: *		
Description of Document(s) Requested: * (Attach description if necessary).				
This Request if for (Check One): * Copies:				
Pursuant to regulations set forth in the FOIA and Army Regulation 25-55, I understand that there may be search and duplications costs (and review fees for commercial requests) that may be associated with this request. I am willing to pay reasonable costs with reference to this request:				
Any requester requesting a fee waiver must justify his/her request for same by attaching a FEE WAIVER JUSTIFICATION.				
Signature:		Date:		_